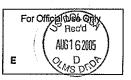
artment of Labor Labor-Management Standards √ashington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 1812.5		
•	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
ame Richard O Charette	Name UnitedFood&CommercialWorkersUnionLocal#1445	
	Labor Organization File Number 019-892	
	Labor Organization in Humber 013-032	
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
geet 352 Cypress Street	Street 30 Stergis Way	
y Fall River	City Dedham	
	City Dedham	
ate Massachusetts ZIP Code + 4 02720	State Massachusetts ZIP Code + 4 02026 ·	
Position in labor organization. President		
The first of the second control of the secon		
ade Name, if any: O. Box, Bldg., Room No., if any	rived income or other economic benefit of income. 7.a. Nature of Interest, Transaction, or Income.	
reet	.s. Anount.	
y ZIP Code + 4		
LIT OUR T 4		
Signatur	ие	
5. Signature and verification. The undersigned declares, under penalty of Perjubility of Perjubility in this report (including the information contained in any accompanying	(documents) has been examined by the cianaton, and is to the best of the	
ndersigned's knowledge and belief, true, correct, and complete. (See the section	F	
ndersigned's knowledge and belief, true, correct, and complete. (See the section	On 8-1/-05 781-461-6775 Date Telephone Number	

Name of Person Filing Richard Charette	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name UFCWInternaional Union Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 11102 Street City Chicago State Illinois ZIP Code + 4 60611-0102	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	As an alternate trustee I am required to attend Board of Trustee meetings. I am also expected to attend Union Trustee Benefit & Investment meetings. Meeting dates 11/14 - 11/16 Washington, DC 11.b. Approximate dollar value of such dealing. \$1,528 12.a. Nature of interest held or income received. Round trip plane ticket, food and beverage for dinner on 11/14 and 11/15, breakfast and lunch on 11/15 and 11/16. Hotel 11/14 - 11/16	
	12.b. Amount. \$1,528	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	* *	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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For Official Use Only		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number U - [8125]	2. Fiscal Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard O Charette	Name UnitedFood&CommercialWorkersUnionLocal#1445	
	Labor Organization File Number 019-892	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 352 Cypress Street	Street 30 Stergis Way	
City Fall River	City Dedham	
State Massachusetts ZiP Code + 4 02720	State Massachusetts ZIP Code + 4 02026 ·	
5. Position in labor organization. President	5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or	lusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	dusions set forth in the instructions): derived income or other economic benefit of tion represents or is actively seeking to represent.	
(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or	lusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	dusions set forth in the instructions): derived income or other economic benefit of tion represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	dusions set forth in the instructions): derived income or other economic benefit of tion represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	dusions set forth in the instructions): derived income or other economic benefit of tion represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
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(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the set	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.	
(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.	

Name of Person Filing Richard Charette	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name UFCWInternaional Union Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 11102 Street City Chicago State Illinois ZIP Code + 4 60611-0102	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	As an alternate trustee I am required to attend Board of Trustee meetings. I am also expected to attend Union Trustee Benefit & Investment meetings. Meeting dates 8/8 - 8/10 Boston, Massachusetts 11.b. Approximate dollar value of such dealing. \$1,191 12.a. Nature of interest held or income received. Food and beverage for dinner on 8/8 and 8/9 and for breakfast and lunch on 8/9 and 8/10. Hotel for 8/8 - 8/10. Hotel parking 8/8 - 8/10	
	12.b. Amount. \$1,191	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.	
E		
guardeeree	T	
1. File Number U -	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard O Charette	Name UnitedFood&CommercialWorkersUnionLocal#1445	
	Labor Organization File Number 019-892	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 352 Cypress Street	Street 30 Stergis Way	
City Fall River	City Dedham	
State Massachusetts ZIP Code + 4 02720	State Massachusetts ZIP Code + 4 02026 .	
5. Position in labor organization. President		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
because of the second s		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	1.5.7.1100111.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed hart	On 8-1/-05 781-461-6775	

Name of Person Filing Richard Charette	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name UFCWInternational Union Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 11102 . Street City Chicago State Illinois ZIP Code + 4 60611-0102	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. As an alternate trustee I am requirements and requirements are alternated trustees.	red to attend
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Board of Trustee meetings. I am al attend Union Trustee Benefit & Inve meetings. Meeting dates 3/28 - 3/30 San Antonio, Texas	lso expected to
Street	11.b. Approximate dollar value of such dealing.	\$1,567
City	12.a. Nature of interest held or income received.	Алексина-интернационального при
State ZIP Code + 4	Round trip plane ticket, food & betbreakfast, lunch and dinner on 3/20 and lunch on 3/30. Hotel for 3/28 - 3/30. Airport parking 3/28 - 3/30.	
	12.b. Amount.	\$1,567
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		The state of the s
Trade Name, if any:		The control of the co
P.O. Box, Bldg., Room No., if any	de provider processioners	propried to the control of the contr
Street	en de la companya de	
City		PAGE 44 - 2000 - 4
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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E		
1. File Number U -	2. Fiscal Year Covered From:	
•	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard 0 Charette	Name UnitedFood&CommercialWorkersUnionLocal#1445	
	Labor Organization File Number 019-892	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 352 Cypress Street	Street 30 Stergis Way	
City Fall River	City Dedham	
State Massachusetts ZIP Code + 4 02720	State Massachusetts ZIP Code + 4 02026 .	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
to the second se	7.b. Amount,	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the	
submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Richard Charette	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name UFCWInternational Union Industry Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 11102 Street City Chicago State Illinois ZIP Code+4 60611-0102	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. As an alternate trustee I am required to attend Board of Trustee meetings. I am also expected to attend Union Trustee Benefit & Investment meetings. Meeting dates 2/24 - 2/27 Fort Lauderdale, Florida 11.b. Approximate dollar value of such dealing. \$1,318 12.a. Nature of interest held or income received. Round trip plane ticket, food & beverage for breakfast and dinner each day 2/25 and 2/26 and breakfast 2/27. Hotel for 2/24 - 2/27	
	12.b. Amount. \$1,318	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		